

## PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-675

**Advertisement / Product Number**

091801107

**CLAIMS AS FILED - PART I**

(Column 1)

October 21

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (\$7 CFR 1.100d)		
TOTAL CLAIMS (\$7 CFR 1.100d)	17	20
DEPENDENT CLAIMS (\$7 CFR 1.100d)	5	5
MULTIPLE DEPENDENT CLAIM PRESENT (\$7 CFR 1.100d)		

\* If the difference in column 1 is less than zero, enter "0" in column 2.

### SMALL ENTITY

RATE	FEE
HR _____	
HR _____	
HR _____	
<b>TOTAL</b>	

3

**OTHER THAN  
SMALL ENTITY**

RATE	FEE
12.00	790.00
12.00	—
12.00	—
12.00	—
TOTAL	790.00

**CLAIMS AS AMENDED - PART II**

**Category 11**

**Column 20**

**Continue To**

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
	Total of CR 1,234	15	1000	20	-
	Increment of CR 1,234	5	1000	5	-

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.524)

**SMALL ENTITY**

RATE	ADDITIONAL FEE
XX .	
XX .	
XX .	
TOTAL ADDL FEE	

CA

### OTHER THAN SMALL ENTITY

SMALL ENTITY	
RATE	ADDITIONAL FEE
XS _____	—
XS _____	—
4S _____	—
TOTAL ADDL. FEE	—

## AMENDMENT 8

AMENDMENT #	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total of Dependent	15	20	
Independent of Dep. Loans	3	5	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.500)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

RATE	ADDITIONAL FEE
RE _____	
RE _____	
RE _____	
TOTAL ADDL FEE	

DATE	ADD
------	-----

RATE	ADDITIONAL FEE
22.00	
22.00	
22.00	
TOTAL	
ADDITIONAL FEE	

## AMENDMENT C

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)
		CLAIMS EXPANDING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total OF CPM LINES		Minus		
	Indemnified OF CPM LINES		LESS		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (OF CPM LINES)				

5450 • J. Neurosci., September 24, 2008 • 28(39):5443–5450

DATE	ADDITIONAL FEE
RE _____	
RE _____	
DS _____	
TOTAL ADDL FEE	

---

RATE	ADDITIONAL FEE
X \$ _____	
X \$ _____	
+ \$ _____	
TOTAL ADDL FEE	

- If the entry in column 1 is less than the entry in column 2, write "U" in column 3.  
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2".

The "Percent Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

The collection of information is required by 37 CFR 1.14. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is provided by 35 U.S.C. 122 and 37 CFR 1.14. This collection is considered to fall under 12 minims to complete, as the information gathered, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the nature of the invention. Any comments on the burden of this collection of information should be sent to Washington Headquarters Office of Management and Budget, Paperwork Project Director, Room 3036, Executive Plaza North, Washington, D.C. 20503-4302. Do not send fees or completed forms to this address. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22301-4500.

**If you need assistance in completing the form, call 1-800-PTD-8133 and select option 2.**